



**Note: Submissions will not be accepted unless the Interviewer and all subjects in the interview have signed this release form.**

**"WE ARE CHULA VISTA" ORAL HISTORY  
CONSENT FORM**

**DATE AND LOCATION OF VIDEO** \_\_\_\_\_

**INTERVIEWER NAME** \_\_\_\_\_

I release and hold harmless the City, its elected and appointed officers, agents and employees, from and against any and all claims, demands, causes of action, costs, expenses, (including reasonable attorney's fees and actual costs), liability, loss, damage or injury, in law or equity, to property or persons, including wrongful death, arising out of or in connection with the above-listed event and use of the photograph(s) in which I / below-listed minor(s) appear.

All rights in connection with my participation in the above mentioned photography contest are hereby granted worldwide and in perpetuity to the City of Chula Vista, Chula Vista, California.

I hereby waive the rights to any payment and control of photographs taken of me / minor(s) below now or in the future, and I grant full permission for the use of my name and/or likeness for the contest and any future publicity, advertising, or promotional activities by the City of Chula Vista, without limitation.

**INTERVIEWER**

I hereby authorize the City of Chula Vista to use video interview(s) I have submitted for the We Are Chula Vista Oral History Project.

NAME OF INTERVIEWER (print): \_\_\_\_\_

SIGNATURE OF INTERVIEWER: \_\_\_\_\_

DATE OF SIGNATURE: \_\_\_\_/\_\_\_\_/\_\_\_\_ TELEPHONE ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

**INTERVIEW SUBJECTS - all person(s) interviewed must read this form in entirety and sign below.**

I hereby authorize the City of Chula Vista to use recorded interview(s) taken by the above-named interviewer of me/minor(s) listed below for the We Are Chula Vista Oral History Project.

**NAME OF INTERVIEW SUBJECT #1**

(print): \_\_\_\_\_

SIGNATURE OF INTERVIEW SUBJECT: \_\_\_\_\_

*(Parent or guardian if interview subject is under age 18.) With my signature I confirm that I am the parent or legal guardian of the minor(s) listed below and that I have authority to consent and authorize the City of Chula Vista to use interview(s), for the purposes described in this form, of the listed minor(s).*

DATE OF SIGNATURE: \_\_\_\_/\_\_\_\_/\_\_\_\_ TELEPHONE ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

**NAME OF INTERVIEW SUBJECT #2** (print): \_\_\_\_\_

SIGNATURE OF INTERVIEW SUBJECT: \_\_\_\_\_

*(Parent or guardian if interview subject is under age 18.) With my signature I confirm that I am the parent or legal guardian of the minor(s) listed below and that I have authority to consent and authorize the City of Chula Vista to use interview(s), for the purposes described in this form, of the listed minor(s).*

DATE OF SIGNATURE: \_\_\_\_/\_\_\_\_/\_\_\_\_ TELEPHONE ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

**NAME OF INTERVIEW SUBJECT #3** (print): \_\_\_\_\_

**SIGNATURE OF INTERVIEW SUBJECT:** \_\_\_\_\_

*(Parent or guardian if interview subject is under age 18.) With my signature I confirm that I am the parent or legal guardian of the minor(s) listed below and that I have authority to consent and authorize the City of Chula Vista to use interview(s), for the purposes described in this form, of the listed minor(s).*

**DATE OF SIGNATURE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **TELEPHONE ( \_\_\_\_ )** \_\_\_\_-\_\_\_\_

**NAME OF INTERVIEW SUBJECT #4** (print): \_\_\_\_\_

**SIGNATURE OF INTERVIEW SUBJECT:** \_\_\_\_\_

*(Parent or guardian if interview subject is under age 18.) With my signature I confirm that I am the parent or legal guardian of the minor(s) listed below and that I have authority to consent and authorize the City of Chula Vista to use interview(s), for the purposes described in this form, of the listed minor(s).*

**DATE OF SIGNATURE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **TELEPHONE ( \_\_\_\_ )** \_\_\_\_-\_\_\_\_

**NAME OF INTERVIEW SUBJECT #5** (print): \_\_\_\_\_

**SIGNATURE OF INTERVIEW SUBJECT:** \_\_\_\_\_

*(Parent or guardian if interview subject is under age 18.) With my signature I confirm that I am the parent or legal guardian of the minor(s) listed below and that I have authority to consent and authorize the City of Chula Vista to use interview(s), for the purposes described in this form, of the listed minor(s).*

**DATE OF SIGNATURE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **TELEPHONE ( \_\_\_\_ )** \_\_\_\_-\_\_\_\_

**NAME OF INTERVIEW SUBJECT #6** (print): \_\_\_\_\_

**SIGNATURE OF INTERVIEW SUBJECT:** \_\_\_\_\_

*(Parent or guardian if interview subject is under age 18.) With my signature I confirm that I am the parent or legal guardian of the minor(s) listed below and that I have authority to consent and authorize the City of Chula Vista to use interview(s), for the purposes described in this form, of the listed minor(s).*

**DATE OF SIGNATURE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **TELEPHONE ( \_\_\_\_ )** \_\_\_\_-\_\_\_\_

**MINORS**

**FULL NAME(S) AND AGE(S) OF MINOR(S):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Add Additional Pages as Necessary*